

State of Colorado
Oil and Gas Conservation Commission1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

OGCC RECEPTION

Receive Date:

02/19/2019

Document Number:

401758621

Off-Location Flowline

The Flowline Report, Form 44, shall be submitted to register, report realignment, report removal from service, or report abandonment of Off-Location Flowlines, Produced Water Transfer Systems, Domestic Taps, or Crude Oil Transfer Lines as required by the 1100 Series Rules. The Form shall also be submitted to report Grade 1 Gas Leaks from Flowlines per Rule 1104.k.

Operator Information

OGCC Operator Number: 100322 Contact Person: Latrese Ousley
Company Name: NOBLE ENERGY INC Phone: (832) 639-7441
Address: 1001 NOBLE ENERGY WAY Email: Latrese.Ousley@nblenergy.com
City: HOUSTON State: TX Zip: 77070
Is the Operator a Tier One member of the Utility Notification Center of Colorado (UNCC) that participates in Colorado's One Call notification system? Yes ☒ No ☐

OFF LOCATION FLOWLINE**FLOWLINE ENDPOINT LOCATION IDENTIFICATION**

Location ID: 462312 Location Type: Production Facilities
Name: Schank Number: _____
County: WELD
Qtr Qtr: SWNE Section: 35 Township: 5N Range: 66W Meridian: 6
Latitude: 40.360040 Longitude: -104.746000

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 462549 Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION**Flowline End Point Riser**

Latitude: 40.360040 Longitude: -104.746000 PDOP: _____ Measurement Date: 05/12/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 323018 Location Type: Well Site ☐ No Location ID
Name: SCHANK-65N66W Number: 35SWNE
County: WELD
Qtr Qtr: SWNE Section: 35 Township: 5N Range: 66W Meridian: 6
Latitude: 40.358962 Longitude: -104.744463

Flowline Start Point Riser

Latitude: 40.358962 Longitude: -104.744463 PDOP: _____ Measurement Date: 05/12/2017
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: _____ Pipe Material: _____ Max Outer Diameter:(Inches) _____
Bedding Material: _____ Date Construction Completed: 07/12/1985
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 462550 Flowline Type: Production Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION**Flowline End Point Riser**

Latitude: 40.360040 Longitude: -104.746000 PDOP: _____ Measurement Date: 05/12/2017
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 331312 Location Type: Well Site ☐ No Location ID
Name: SCHANK J-65N66W Number: 35NWNE
County: WELD
Qtr Qtr: NWNE Section: 35 Township: 5N Range: 66W Meridian: 6
Latitude: 40.360997 Longitude: -104.741476

Flowline Start Point Riser

Latitude: 40.360997 Longitude: -104.741476 PDOP: _____ Measurement Date: 05/12/2017
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: _____ Pipe Material: _____ Max Outer Diameter:(Inches) _____
Bedding Material: _____ Date Construction Completed: 10/08/2001
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments We plan on decommissioning these lines and will report back more accurate coordinates at a later date. Although this line is approx. 250 ft away according to the system, it is off-location.

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: _____ Date: 02/19/2019 Email: Latrese.Ousley@nblenergy.com

Print Name: Latrese Ousley Title: Regulatory Analyst

Based on the information provided herein, this Flowline Report complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved:  Director of COGCC Date: 2/26/2019

Attachment Check List

Att Doc Num**Name**

401758621

Form44 Submitted

Total Attach: 1 Files